

AUTO CR - LOG SUMMARY #1055694

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that officers responded to a report of two stray dogs. After the dogs were placed in the yard and the officers began to leave, one dog charged at the involved officer, who fired once, striking and killing the dog.	(None Entered)		

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	VUJIC, MILAN		004 /	SERGEANT OF POLICE	M	WHI			

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
19-JUL-2012 07 46 - 19-JUL-2012 07 46		0432	004	304 - STREET	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation

Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	OLBRICH, MICHAEL F	1380	004 /	POLICE OFFICER	M	WHI			

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:		Civil Suit Settled Date:	
Civil Suit No.:		Notify Chief?	
Notify Chief Administator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days

Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	07-DEC-2012 11:28	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	07-DEC-2012 11:28	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	23-AUG-2012 08:34	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	23-AUG-2012 08:24	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	23-AUG-2012 08:24	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	23-AUG-2012 08:23	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	19-JUL-2012 09:17	LUKAS, JAMES	INVESTIGATOR 3 COPA	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET				LUKAS, JAMES		19-JUL-2012 09:17			
	DOCUMENTS - INTAKE INCIDENT		2	Officer Michael Olbrich, #16719, 4th Dist.	N	LUKAS, JAMES	19-JUL-2012 10:36	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		15		N	TOUSANT, LISA	23-AUG-2012 08:23	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	Dog destruction	N	LUKAS, JAMES	19-JUL-2012 10:49	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur? Findings	Comments
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FACE SHEET (Notification Date: 19-JUL-2012) - LOG #1055694

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	VUJIC, MILAN	[REDACTED]	004 /	SERGEANT OF POLICE	M	WHI			

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
19-JUL-2012 07:46 - 19-JUL-2012 07:46	[REDACTED]	0432	004	304 - STREET	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	19-JUL-2012 21:17	LUKAS, JAMES	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	07-DEC-2012 11:28	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	07-DEC-2012 11:28	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	23-AUG-2012 08:34	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	23-AUG-2012 08:24	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	23-AUG-2012 08:24	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	23-AUG-2012 08:23	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	19-JUL-2012 09:17	LUKAS, JAMES	INVESTIGATOR 3 COPA	113 /	

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED SUBJECT INFORMATION REASON FOR USE OF FORCE (Check all that apply)	1 DATE OF INCIDENT 19-JUL-2012	TIME 19:44:00	2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 291	4 BEAT/OCCUR 0432					
	5 POSITION 9161	16 LAST NAME OLBRICH	7 FIRST NAME MICHAEL F	8 STAR NO 16719	9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10 RACE CODE WHI	11 AGE [REDACTED]	12 HT 510	13 WT. 185				
	14 DATE OF APPT 11-SEP-2000	16 EMPLOYEE NO [REDACTED]	16 UNIT & BEAT OF ASSIGNMENT 004 0456	17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
	20 LAST NAME [REDACTED]	21 FIRST NAME [REDACTED]	22 MI [REDACTED]	23 SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	24 RACE [REDACTED]	25 D O B [REDACTED]	26 HT [REDACTED]	27 WT [REDACTED]					
	28 ADDRESS [REDACTED]	29 TELEPHONE NO [REDACTED]	30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No								
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]	34 BY WHOM? [REDACTED]	35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid										
	36 CHARGES PLACED [REDACTED]	<input checked="" type="checkbox"/> DNA			37. CB NO [REDACTED]	IR NO. [REDACTED]	<input checked="" type="checkbox"/> DNA						
38 <input checked="" type="checkbox"/> DNA	SUBJECT'S ACTIONS		PASSIVE RESISTER DID NOT FOLLOW VERBAL DIRECTION STUFFED (DEAD WEIGHT) OTHER _____	ACTIVE RESISTER FLED PULLED AWAY OTHER _____	ASSAULTANT ASSAULT IMMINENT THREAT OF BATTERY OTHER _____	ASSAULTANT BATTERY ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____	ASSAULT DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON OTHER _____						
39 <input type="checkbox"/> DNA	MEMBER'S RESPONSE		MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHEMICAL WEAPON W/ AUTHORIZATION OTHER _____	OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Stun) TASER (Laser Targeted) TASER (Spark Discharged) OTHER _____	ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40) IMPACT MUNITION (Describe in Box 40) OTHER _____	KNEE STRIKE KICKS IMPACT MUNITION (Describe in Box 40) OTHER _____	FIREARM OTHER _____						
40 ADDITIONAL INFORMATION R/O'S ASSIGNED A JOB OF A VICIOUS ANIMAL. R/O'S ARRIVED AND SPOKE TO CALLER AND THE NEIGHBOR NEXT DOOR WHO STATED THAT TWO PIT BULLS ARE WALKING THE BLOCK AND THAT THEY FEARED FOR THEIR SAFETY. AS R/O'S APPROACHED, ONE CHARGED. R/O SHOT AND KILLED THE DOG													
41 WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER	42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43 LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	44 WEATHER CONDITIONS CLEAR										
45 MAKE/MANUFACTURER SIG S I G SWISS INDUSTRIAL GESELLSCHAFT - SZ..	46 MODEL P220	47 BARREL LENGTH 4"	48 CALIBER/GAUGE 45 CAL										
49 TASER DART ID NO. [REDACTED]	50 WEAPON SERIAL NO (Include Letters) [REDACTED]	51 CHICAGO GUN REG NO [REDACTED]	52 IL FIREARM OWNER ID NO [REDACTED]	53 HANDGUN CERTIFICATE NO [REDACTED]									
54 SPECIAL WEAPON CERTIFICATE NO [REDACTED]	55 PROPERTY INVENTORY NO [REDACTED]	56 TYPE OF AMMUNITION USED Department Issued	57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 1	58 TOTAL NO OF SHOTS MEMBER FIRED 1									
59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	61 NO OF CARTHDRGES/SHOT SHELLS RELOADED	62 HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO									
64 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE	65 SPECIFY METHOD/EQUIPMENT USED TO RELOAD	66 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 5 FT <input type="checkbox"/> 02 6 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT	67 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input checked="" type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]	68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN									
72 CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SCT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.					73 REPORTING MEMBER (Print Name) OLBRICH, MICHAEL F 19-JUL-2012 21:52:59	STAR/EMPLOYEE NO 16719	SIGNATURE [REDACTED]	74 REVIEWING SUPERVISOR (Print Name) VUJIC, MILAN	STAR NO 2600	SIGNATURE [REDACTED]	DATE REVIEWED 19-JUL-2012 21:56:05	TIME
SIGNATURES	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.												

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HEREIN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at this time it was found that the member discharged his firearm to destroy an attacking animal. Administrative Log #1055694 was obtained.

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO _____ OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

RECKARD, JONATHAN C

SIGNATURE

DATE COMPLETED TIME

19-JUL-2012 22:28:30

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

SUPPLEMENTARY REPORT

IOD REPORT

80. TOTAL TRR's THIS EVENT No

CASE REPORT

OFFICER BATTERY REPORT

CR INITIATION REPORT

1

ARREST REPORT

TO-FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

**MISCELLANEOUS INCIDENT EXCEPTION REPORT
CHICAGO POLICE DEPARTMENT**

BEAT/UNIT ASSIGNED 456	BEAT/OCC. 432	DATE REPORTING OFFICER(S) ARRIVED 19 Jul 12	TIME 1915
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NATURE OF INCIDENT**Vicious Animal****LOCATION OF INCIDENT****NAME OF COMPLAINANT**

ADDRESS (IF SAME AS LOCATION, WRITE "DRA")

NARRATIVE:

R/p: Assigned to A.J. & M. WHEELER. WITNESSES STATED THAT TWO PIT BULLS WERE WALKING THE BLOCK AND THAT THEY FEARED FOR THEIR SAFETY. R/p: Located S.A./o Dog at location of incident. As R/p approached, one Pit charged and P.O. OLBRIGHT #16719 shot & killed the dog.

ASSIGNMENT COMPLETED AT:

19 Jul 12, 0	HRS. 5 HRS. CARRYING	INV. # 12666542	LOG # 1055694
REPORTING OFFICER: OLBRIGHT	STAR NO.: 16719	REPORTING OFFICER: RICE	STAR NO.: 13443
SUPERVISOR APPROVING:		STAR NO.: MF DYC 2603	

BUREAU OF INTERNAL AFFAIRS
INVESTIGATION DIVISION
GENERAL INVESTIGATION SECTION

20 Jul 2012
LOG #1055694

TO: Juan RIVERA
Chief
Bureau of Internal Affairs

ATTN: Robert KLIMAS
Commander
Bureau of Internal Affairs

ATTN: Lt. Susan Clark #320
Bureau of Internal Affairs
Investigations Division
Administration Section

FROM: Sergeant Joseph Stehlík #1945
General Investigation Section
Bureau of Internal Affairs

SUBJECT: Firearm Discharge Incident – Animal

RESULTS: BAC .000
Reference: WD: [REDACTED]
LOG#1055694
RD# None

**INCIDENT
LOCATION:** [REDACTED]

DATE & TIME: 19 Jul 2012, 1923hours

WATCH COMMANDER: Sgt. Reckard #1779

**INVOLVED
MEMBER:** P.O. Michael Olbrich
Star #16719
Employee: [REDACTED]
DOA 11 Sep 2000

BUREAU OF INTERNAL AFFAIRS
INVESTIGATION DIVISION
GENERAL INVESTIGATION SECTION

20 Jul 2012
LOG #1055694

DOB [REDACTED]
Unit 004
[REDACTED]

NARRATIVE:

Reporting Sergeant received a notification from Sgt. Cochran #894 of this command at 2008hrs on 19 Jul 2012 regarding a Firearm Discharge Incident in the 004th District involving one male officer and an animal.

R/Sgt proceeded to the 004th District and met with the W/Supervisor, Sgt. Reckard #1779. R/Sgt was then directed to the involved officer. P.O. Olbrich was then presented with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge Incident" form. At 2040hrs R/Sgt began the twenty minute observation period of P.O. Olbrich. The breath test was conducted at 2104hrs and the BAC was .000. R/Sgt then conducted the drug test at 2115hrs. Sgt. Reckard was notified of the results.

Joseph Stehlik #1945
Sergeant Joseph Stehlik #1945
Bureau of Internal Affairs
Investigation Division
General Investigation Section

APPROVED:

J. S. O'Callahan
Commanding Officer
Bureau of Internal Affairs
Administration Section



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO:	Involved Member's Name	MICHAEL OLBRICHT	Title	F.O.
	Star No.	16719	Employee No.	[REDACTED]
			Unit	004

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing

Print Member's Name	Involved Member's Signature	Date and Time
MICHAEL OLBRICHT	[Signature]	19 JUL 12 2043
Type of Test: Alcohol	Location: 004	Date and Time: 19 JUL 12 2104
Type of Test Drug	Location: 004	Date and Time: 19 JUL 12 2115

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name	B.I.A. Supervisor's Signature	Date and Time
Sgt J. STEYLIK 1945	[Signature]	19 JUL 12 2105
CPD-44.252 (REV. 11/11)	DISTRIBUTION ORIGINAL - TO BIA SUPERVISOR, COPY - TO INVOLVED MEMBER.	

TIME STARTED - 2040hrs

Log # 1055694

TEST RECO TEST RECORD
RBT IV RBT IV

RBT IV# [REDACTED] RBT IV# [REDACTED]
DATE 07-1 DATE 07-19-12
TEST NO. TEST NO. 0501
EMP ID# [REDACTED] ID# [REDACTED]

[REDACTED] AS TU# [REDACTED] AS TU# [REDACTED]
TEMPERATURE 21 C

SUBJECT	SUBJECT TEST
%BAC	%BAC
.000 BL	.000 BLANK
.000 AU	.000 AUTO 21:04

----- SUBJECT

19-12
0501

Operator [REDACTED] Operator [REDACTED]
Sgt J. Szegec 1945

TEST	TEST LOCATION	TEST TIME
LOG	Loc #1055684	BLANK AUTO 21:04

----- SUBJECT

Operator [REDACTED]
Sgt J. Szegec 1945
Witness [REDACTED]
DNA
Test Location [REDACTED]
Loc #1055684

SPECIMEN ID NO. [REDACTED]

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO. [REDACTED]

A. Employer Name, Address, I.D. No.

CITY OF CHICAGO POLICE DEPT
 HAZARDOUS DRUG UNIT, #1108749
 3210 S MICHIGAN AVE
 CHICAGO IL 60653
 PH: 312-745-5053 FAX 312-745-6819

B. MRO Name, Address, Phone and Fax No. [REDACTED]

PH: [REDACTED]

FAX: [REDACTED]

C. Donor SSN or Employee I.D. No. [REDACTED]

D. Donor Name Last. [REDACTED] First. [REDACTED]

E. Donor ID Verified Photo ID Emp. Rep. _____F. Reason for Test. Pre-employment (1) Random (3) Reasonable Suspicion/Cause (5) Post-Accident (2) Promotion (22)
 Return to Duty (6) Follow-up (23) Other (specify) (99) WEAPONS DISCHARGE

G. Drug Tests to be Performed.

X 35190N SAP 10-50/2000 R/HIT

H. Collection Site Name: UN17 004

Collection Site Code: [REDACTED]

Address: [REDACTED]

City, State and Zip: [REDACTED]

Collector Phone No. [REDACTED]

Collector Fax No. [REDACTED]

STEP 2: COMPLETED BY COLLECTORRead specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark _____

Specimen Collection

 Split Single None Provided (Enter Remark) _____ Observed (Enter Remark) _____

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

X 9/19/18
Sgt. J. STEPHENS 1945

(Print) Collector's Name (First, MI, Last)

9:15 AM

Time of Collection 07/19/18

Date (Mo /Day/Yr)

SPECIMEN BOTTLE(S) RELEASED TO: Quest Diagnostics Courier FedEx Other _____

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X

Signature of Accessioner _____

(Print) Accessioner's Name (First, MI, Last) _____

Date (Mo /Day/Yr)

Primary Specimen Bottle Seal Intact Yes No, Enter Remark _____**SPECIMEN BOTTLE(S) RELEASED TO:****STEP 5: COMPLETED BY DONOR**

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct

X

Signature of Donor _____

(PRINT) Donor's Name (First, MI, Last) _____

Date (Mo /Day/Yr)

Daytime Phone No () _____

Evening Phone No () _____

Date of Birth _____

Mo Day Yr

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is

NEGATIVE POSITIVE TEST CANCELLED REFUSAL TO TEST BECAUSE
 DILUTE ADULTERATED SUBSTITUTED

REMARKS _____

X

Signature of Medical Review Officer _____

(PRINT) Medical Review Officer's Name (First, MI, Last) _____

Date (Mo /Day/Yr)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is

 RECONFIRMED FAILED TO RECONFIRM - REASON _____

X

Signature of Medical Review Officer _____

(PRINT) Medical Review Officer's Name (First, MI, Last) _____

Date (Mo /Day/Yr)

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

Photo I. D. by Sgt. J. STEHLIK #1945

Employer Representative _____

Signature of Employer Representative

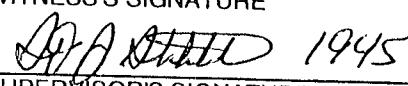
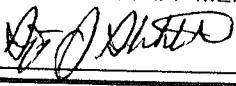
PART I - A. On the 19th day of July, 2012 at 2:15, I, MICHAEL O'BRICH
(TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
same cup, then I delivered this cup containing my urine specimen to Sgt. J. STEHLIK #1945,
and witnessed this member:

(PRINT RECEIVING STAFF MEMBER'S NAME)

- B. Break the Tamper Evident Plastic Filament Link
between the cap and the base of the vial.
- C. Pour a portion of my urine specimen into a vial
with the control number printed on it's side.
- D. Close the vial cap.
- E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.
I then initialed the evidence tape with specimen ID number _____.
- F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode
label on bag with the number _____.

A	MAIN TEST VIAL - NO.	B	ALTERNATE TEST VIAL - NO.
[REDACTED]		[REDACTED]	

EXAMINEE'S SIGNATURE 	STAR/EMP NO. <u>16719</u>	WITNESS'S SIGNATURE 	STAR/EMP NO. [REDACTED]
RECEIVING STAFF MEMBER'S SIGNATURE 	STAR/EMP NO. <u>1945</u>	SUPERVISOR'S SIGNATURE [REDACTED]	STAR/EMP NO. [REDACTED]

PART II - The urine specimen with the control number _____ was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

<u>Michael O'Brien</u> (STAFF MEMBER'S SIGNATURE)	<u>20 JUL 12</u> (DATE)	<u>0712 hrs</u> (TIME)	<u>O'Brien</u> (EXAMINEE'S INITIALS)
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PART III - I attest that the sealed urine specimen bag containing specimen ID number _____
was removed from the Random Drug Testing Unit refrigerator by _____
and then delivered to _____, on _____, at _____
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____
(LAB MEMBER'S INITIALS) _____ (RDTU MEMBER'S SIGNATURE) _____ STAR/EMP NO.

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 20 day of JUL 2012, I INV. M. WILLIAMSON #6
received a collected urine specimen from SGT. STEHLIK #1945. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as

Select One A clear and blue CPD evidence/properly bag containing two tape-sealed vials (including one within a sealed Quest Diagnostics specimen bag)

or



The packaging was then opened by INV. M. WILLIAMSON #6 in the presence
of SGT. STEHLIK #1945. The following items were removed from the container

Select One One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or



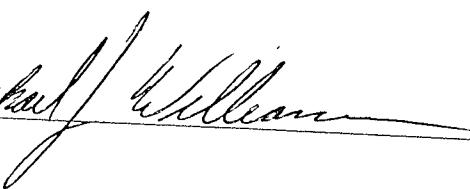
The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by INV. M. WILLIAMSON #6, as witnessed by SGT. STEHLIK #1945

Specimen delivered by:


Signature

1945

Received/stored by:


Signature

6

Last Name: OLBRICH
First Name: MICHAEL
Rank: P.O.
Star #: 16719
Unit: 004
Home Zip Code: _____
Date Hired: 11 SEP 2000
Birthdate:

20 JUL 12

Last Name: OLBRICH
First Name: MICHAEL
Rank: P.O.
Star #: 16719
Unit: 004
Home Zip Code: _____
Date Hired: 11 SEP 2000
Birthdate: _____

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member

Donor I.D. verified

Photo I.D. by

St. J. Siehl 1945

Employer Representative

Signature of Employer Representative

PART I- A. On the 19th day of July, 2012 at 2:15, I, MICHAEL OLBRICH,
(TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to Sgt. J. STEHLIK #945, and witnessed this member:

- B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number [REDACTED]

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number [REDACTED]

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.

EXAMINEE'S SIGNATURE

STAR/FMP NO.

WITNESS'S SIGNATURE

STAR/EMBOS

RECEIVING STAFF MEMBER'S SIGNATURE

STAB/EMP NO.

SUPERVISOR'S SIGNATURE

www.nature.com/scientificreports/

PART II - The urine specimen with the control number [REDACTED] was received and then secured in the appropriate Random/Drug Testing Unit refrigerator/freezer compartment by:

Michael Williamson, on 20 JUL 12, at 0712 hrs
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____

was removed from the Random Drug Testing Unit refrigerator by

and then delivered to _____, on _____, at _____
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____
(LAB MEMBER'S INITIALS) _____ (RDTU MEMBER'S SIGNATURE) _____ STAR/EMP NO _____

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 20 day of JUL 2012, I INV. M. WILLIAMSON #6
received a collected urine specimen from Sgt. STEHLIK #1945. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as.

Select One A clear and blue CPD evidence/property bag containing two tape-sealed vials (including one within a sealed Quest Diagnostics specimen bag)

or

The packaging was then opened by INV. M. WILLIAMSON #6 in the presence
of Sgt. STEHLIK #1945. The following items were removed from the container.

Select One One tape-sealed vial labeled ██████████ within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled ██████████

or

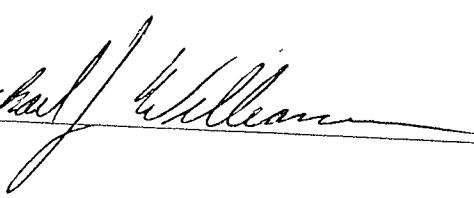
The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by INV. M. WILLIAMSON #6, as witnessed by Sgt. STEHLIK #1945

Specimen delivered by:


Signature

1945

Received/stored by:


Signature

6



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name MICHAEL OLBRICHT Title P.D.
Star No. 16719 Employee No. [REDACTED] Unit 004

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name		Involved Member's Signature	Date and Time
MICHAEL OLBRICHT		<u>MICHAEL OLBRICHT</u>	19 JUL 12 2043
Type of Test Alcohol	Location	004	Date and Time 19 JUL 12 2104
Type of Test Drug	Location	004	Date and Time 19 JUL 12 2115

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name	B.I.A. Supervisor's Signature	Date and Time
Sgt. J. STEPHIE '1945	<u>Sgt. J. STEPHIE '1945</u>	19 JUL 12 2125

CPD-44.252 (REV. 11/11)

DISTRIBUTION ORIGINAL - TO BIA SUPERVISOR, COPY - TO INVOLVED MEMBER.

TIME STARTED - 2040hrs

Log# 1055694

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

CHICAGO POLICE DEPT.
WILLIS BLDG. 400 S. WABASH
SUITE 3000
CHICAGO IL 60603
(312) 733-2455/8095 FAX (312) 745-6919

B. MRO Name, Address, Phone and Fax No.

PH FAX

C. Donor SSN or Employee I.D. No.

D. Donor Name. Last

First:

E. Donor ID Verified: Photo ID Emp. Rep.F. Reason for Test. Pre-employment (1) Random (3) Reasonable Suspicion/Cause (5) Post-Accident (2) Promotion (22)
 Return to Duty (6) Follow-up (23) Other (specify) (99) *WE WORKS DISCHARGE*

G. Drug Tests to be Performed:

 OPI-3000 SAP 10-01/06/06 10/07/07

H. Collection Site Name.

UNIT 004

Collection Site Code:

Address:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark

Specimen Collection:

 Split Single None Provided (Enter Remark) Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

X R. J. STELLI 1945
R. J. STELLI 1945
 Signature of Collector
 (Print) Collector's Name (First, MI, Last)

9:15 AM
Time of Collection
07/19/18
Date (Mo /Day/Yr)

SPECIMEN BOTTLE(S) RELEASED TO:

 Quest Diagnostics Courier FedEx
 Other _____

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo /Day/Yr)

Primary Specimen Bottle Seal Intact

 Yes
 No, Enter Remark _____

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo /Day/Yr)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth
Mo Day Yr

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is

NEGATIVE POSITIVE TEST CANCELLED REFUSAL TO TEST BECAUSE
 DILUTE ADULTERATED SUBSTITUTED

REMARKS _____

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo /Day/Yr)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is

 RECONFIRMED FAILED TO RECONFIRM - REASON _____

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo /Day/Yr)

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM


 Quest
Diagnostics
800-877-7484

SPECIMEN ID NO. [REDACTED]

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO. [REDACTED]

A. Employer Name, Address, I.D. No.

 2000 10TH FLOOR
 1000 BROADWAY
 NEW YORK, NY 10036
 212-554-5665
 FAX: 212-554-5614

B. MRO Name, Address, Phone and Fax No. [REDACTED]

C. Donor SSN or Employee I.D. No. [REDACTED]

D. Donor Name: Last: [REDACTED] First: [REDACTED]

E. Donor ID Verified: Photo ID Emp. Rep.F. Reason for Test: Pre-employment (1) Random (3) Reasonable Suspicion/Cause (5) Post-Accident (2) Promotion (22)
 Return to Duty (6) Follow-up (23) Other (specify) (99) [REDACTED]

G. Drug Tests to be Performed:

 Urine
 Saliva
 Blood
 Breath
H. Collection Site Name: UNIT 004
 Address: [REDACTED]
 City, State and Zip: [REDACTED]

Collection Site Code: [REDACTED]

Collector Phone No.: [REDACTED]
 Collector Fax No.: [REDACTED]

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark

Specimen Collection:

 Split Single None Provided (Enter Remark) Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

X 8/19/95J. Smith 8/19/95

(Print) Collector's Name (First, MI, Last)

4:15 AM

PM

07/19/95

Date (Mo./Day/Yr)

SPECIMEN BOTTLE(S) RELEASED TO:

 Quest Diagnostics Courier FedEx
 Other _____

Name of Delivery Service Transferring Specimen to Lab

RECEIVED
AT LAB: X

Signature of Accessioner

/ /

Primary Specimen
Bottle Seal Intact

SPECIMEN BOTTLE(S) RELEASED TO:

 Yes
 No, Enter Remark _____

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct

X

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

/ /

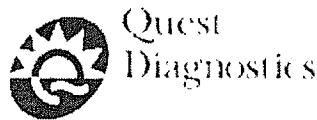
Date (Mo./Day/Yr)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth

Mo / Day / Yr



7/25/2012 7 04 39 PM

Drug Detail Report

PATIENT INFORMATION

Quest Diagnostics Employee Solutions
Customer Care 800-877-7484

Primary ID [REDACTED]

SPECIMEN INFORMATION

REQUISITION [REDACTED]
LAB REF NO [REDACTED]
COLLECTED 7/19/2012 21 15
RECEIVED 7/21/2012 05 28
REPORTED 7/21/2012 09 14
DOCUMENT ID

CLIENT INFORMATION

[REDACTED]
CHICAGO POLICE DEPT
3510 S MICHIGAN AVE
CHICAGO, IL 60653

Reason: OTHER - WEAPONS DISCHARGE

Tests Ordered: 35190N, %NSPGR

Integrity Checks

Acceptable Range

CREATININE	19.5 mg/dL	>20 mg/dL
SPECIFIC GRAVITY	1.003	1.003 - 1.020
pH	7.0	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel

	Initial Test Level	GC/MS Confirm Test Level
--	--------------------	--------------------------

AMPHETAMINES	Negative	1000 ng/mL	500 ng/mL
BARBITURATES	Negative	300 ng/mL	200 ng/mL
BENZODIAZEPINES	Negative	300 ng/mL	200 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL	150 ng/mL
MARIJUANA METABOLITES	Negative	50 ng/mL	15 ng/mL
METHADONE	Negative	300 ng/mL	200 ng/mL
METHAQUALONE	Negative	300 ng/mL	200 ng/mL
OPIATES	Negative	2000 ng/mL	2000 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL	25 ng/mL
PROPOXYPHENE	Negative	300 ng/mL	200 ng/mL

CERTIFYING SCIENTIST: KSAS01

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

ADDITIONAL COMMENTS:

Test Type: WEAPONS DISCHARGE mapped to OTHR